



OD CUACO CRICKET CLUB

The Clubhouse, St Dunstan's Lane, Park Langley, Beckenham, Kent BR3 3SS, 020 8650 1779

Steve Wright, Colts Manager/Chair
07799 285177
8776 2065

Lindsay Curtis, Membership Secretary
07941 343 595 odcuacolts@gmail.com

Joanna Colby, Welfare Officer
07947 038 495 / 020

Data Protection: The club will use the information provided on this form, as well as other information it obtains about the player (together "information") to administer and supervise his / her cricketing activity at or through the club. In some cases this may require the club to disclose the information to County Boards, leagues and to the ECB. In the event of a medical or child safeguarding issue arising, the club may disclose certain information to doctors or other medical specialists and / or to police, children's social care, the courts and / or probation officers and, potentially to legal and other advisers involved in an investigation, in accordance with the General Data Protection Regulations. Our GDPR policy can be viewed at www.odcuaco.co.uk/data-privacy.html

As the person completing this form, you must confirm you have the consent of each person whose information you include in this form and they are aware of how their information may be processed.

Section 1 Personal details for young player and their parent / legal guardian		
Name of child (under 18)	Date of birth and School Year /	Names of parent / legal guardian
Home address	Postcode	Home telephone number
Mobile telephone of parents / legal guardians	Email address of parent / legal guardian	
Section 2 Emergency contact details		
In the event of an incident, or emergency situation, where a parent or legal guardian named above cannot be contacted, please provide details of an alternative adult who can be contacted by the club. Please ensure this person is aware that his / her details will be processed by the club.		
Name of an alternative adult who can be contacted in an emergency	Phone number for alternative named adult	Relationship this person has to the child (e.g. aunt, friend)
Section 3 Disability		
The Equality Act 2010 defines a disability as "a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities".		
Do you consider this child to have an impairment?	Yes / No	
If yes, what is the nature of their disability?		
<input type="radio"/> Visual	<input type="radio"/> Learning	
<input type="radio"/> Hearing	<input type="radio"/> Multiple	
<input type="radio"/> Physical	<input type="radio"/> Other (please specify)	
Section 4 Sporting information		
Has this child played cricket before?	Yes / No	
If yes, where has this been played?		

<input type="radio"/> Primary school	<input type="radio"/> Club
<input type="radio"/> Secondary school	<input type="radio"/> District / County
<input type="radio"/> SEN school	<input type="radio"/> Other (please specify)

Section 5 Medical information

Please detail here any important medical information that our coaches need to know. Such as: allergies, medical conditions (for example - asthma, epilepsy etc.); current medication, any additional needs and / or any injuries. Please indicate if you would like to discuss this privately with us. **Please note your child must bring their medication with them to participate in each training or match session.**

Name of doctor / surgery name

Doctor's / surgery telephone number

Consent statement from parent / legal guardian

Please tick each circle where you agree or delete if you do not agree

Legal authority to provide consent:
 I confirm I have legal responsibility for _____ (name of child) and am entitled to give this consent
 I confirm to the best of my knowledge, all information provided on this form is accurate, and I will undertake to advise the club of any changes to this information.

Medical consent:
 I give my consent that in an emergency situation, the club may act in my place (loco parentis), if the need arises for the administration of emergency first aid and / or other medical treatment which, in the opinion of a qualified medical practitioner, may be necessary. I also understand that in such an occurrence all reasonable steps will be taken to contact me or the alternative adult which I have named in section 2 of this form.
 I confirm to the best of my knowledge, my child / the child in my care does not suffer from any medical condition other than those detailed by me in section 5 of this form.

Consent to participate:
 I agree to the child named above taking part in the activities of the club (this consent only relates to Junior cricket). Please see the Open Age cricket policy for more information on juniors playing in open age group cricket, and for which a specific consent form must be completed.

I confirm I have read or been made aware of, the club's policies concerning:

- | | |
|--|---|
| <input type="radio"/> Changing / showering | <input type="radio"/> Missing children |
| <input type="radio"/> Transport of children | <input type="radio"/> Playing in open age cricket |
| <input type="radio"/> Photography / video conduct | <input type="radio"/> Anti-bullying and the code of conduct |
| <input type="radio"/> Managing children away from the club | <input type="radio"/> Social media, text and email |

I understand and agree to the responsibilities which I am my child have in connection with these policies.

I consent to the club photographing / videoing my involvement in cricket under the terms and conditions of the club photo / video policy. **LEAVE THIS UNTICKED IF YOU DO NOT AGREE.**

Signed (parent / legal guardian):



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Printed name of parent / legal guardian who has completed this form:

Date:

Consent from child in connection with club photo / video policy (For players aged 12-18).

I consent to the club photographing or videoing my involvement in cricket under the terms and conditions of the club photo / video policy. **LEAVE THIS UNTICKED IF YOU DO NOT AGREE.**

I understand that mobile phones or other devices may not be used in the changing rooms.

Signed (child if 12 years or older)

Date:

Annual Subscription: £72 Single Colt Membership £60 for each additional sibling

This membership permits the member's family to use the Clubhouse and grounds as Social Members.

Junior membership of the club also provides that the parents/carers of the child are given automatic non-voting membership of the Club as part of that junior membership. This entitles the parents/legal guardian no additional privileges that would otherwise be gained by paying the appropriate adult membership fee(s). Any use of facilities (for example social/training/playing) may incur such charges as applicable to relevant adult membership.

Please bring form and payment to Registration, or contact Lindsay Curtis, Colts Membership Secretary on the details overleaf.

I enclose cash / cheque (made payable to OD CUACO CC) for £ . To pay by BACS please transfer funds to Account number 40432628, Sort code 20-49-81. Please reference your name and fees

To pay by monthly direct debit, please contact Peter White at petermwhite@hotmail.com